



Illinois Department of Revenue

Schedule REG-8-R Responsible Party Information

Read this information first - Attach this schedule to Form REG-8-A.

Complete this schedule to identify the person(s) who will be responsible for filing returns and paying taxes due. If you need to identify more, attach a separate sheet using a similar format.

Step 1: Identify your business or organization

Business name: _____ FEIN: _____ - _____
 If your business is a corporation, are you publicly traded? Yes No SSN: _____ - _____ - _____
(Proprietorship only)
 If "Yes", provide the ticker symbol: _____
 Contact for this schedule: _____ Phone: (_____) _____ - _____

Step 2: Identify the person(s) responsible for filing your business' returns and paying all tax due

Printed legal name: _____ SSN: _____ - _____ - _____
 Legal address: _____ Phone: (_____) _____ - _____

Check all for which you are responsible:

- | | | |
|---|--|---|
| <input type="checkbox"/> Sales and use taxes and fees | <input type="checkbox"/> Motor fuel and related taxes | <input type="checkbox"/> All taxes and fees |
| <input type="checkbox"/> Motor vehicle renting tax | <input type="checkbox"/> Excise taxes and fees - Identify tax/fee: _____ | |
| <input type="checkbox"/> Withholding income tax | <input type="checkbox"/> Unemployment insurance | <input type="checkbox"/> Other: _____ |

Under penalties of perjury, I state that I have examined this information and, to the best of my knowledge, it is true, correct, and complete. I further attest that I will be responsible for filing returns and paying the taxes indicated.

Signature: _____ Title: _____ Date: ___ / ___ / _____

If you need to identify another person, complete the following:

Printed legal name: _____ SSN: _____ - _____ - _____
 Legal address: _____ Phone: (_____) _____ - _____

Check all for which you are responsible:

- | | | |
|---|--|---|
| <input type="checkbox"/> Sales and use taxes and fees | <input type="checkbox"/> Motor fuel and related taxes | <input type="checkbox"/> All taxes and fees |
| <input type="checkbox"/> Motor vehicle renting tax | <input type="checkbox"/> Excise taxes and fees - Identify tax/fee: _____ | |
| <input type="checkbox"/> Withholding income tax | <input type="checkbox"/> Unemployment insurance | <input type="checkbox"/> Other: _____ |

Under penalties of perjury, I state that I have examined this information and, to the best of my knowledge, it is true, correct, and complete. I further attest that I will be responsible for filing returns and paying the taxes indicated.

Signature: _____ Title: _____ Date: ___ / ___ / _____

If you need to identify another person, complete the following:

Printed legal name: _____ SSN: _____ - _____ - _____
 Legal address: _____ Phone: (_____) _____ - _____

Check all for which you are responsible:

- | | | |
|---|--|---|
| <input type="checkbox"/> Sales and use taxes and fees | <input type="checkbox"/> Motor fuel and related taxes | <input type="checkbox"/> All taxes and fees |
| <input type="checkbox"/> Motor vehicle renting tax | <input type="checkbox"/> Excise taxes and fees - Identify tax/fee: _____ | |
| <input type="checkbox"/> Withholding income tax | <input type="checkbox"/> Unemployment insurance | <input type="checkbox"/> Other: _____ |

Under penalties of perjury, I state that I have examined this information and, to the best of my knowledge, it is true, correct, and complete. I further attest that I will be responsible for filing returns and paying the taxes indicated.

Signature: _____ Title: _____ Date: ___ / ___ / _____

Mail your completed schedule with any required attachments to:

**ALCOHOL, TOBACCO, AND FUEL DIVISION
 ILLINOIS DEPARTMENT OF REVENUE
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 SPRINGFIELD IL 62794-9467**